California's Health

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# PUBLIC PRENATAL CARE IN CALIFORNIA

Lack of prenatal care obtained by mothers delivered in county hospitals is still a serious public health problem in California. It is associated with higher death rates and hospitalization costs for these mothers and their babies. Recent attention was focused on this deficit when California took national leadership to explore the prevention of premature births. Prematurity continues to be associated with two-thirds of early infant (neonatal) deaths, one-half of fetal deaths, much hospitalization of abnormal newborns, and increased numbers of congenital defects, cerebral palsy, mental retardation and other long-term crippling effects. The provision of expensive incubators, oxygen and especially trained nurses to help these small infants survive after birth seemed to be reaching a point of diminishing returns. The most promising approach to significant decrease in death and disability in the future appeared to be the prevention of premature birth itself.

During the spring of 1952, the State Department of Public Health sponsored two working conferences to explore the prevention of prematurity. The conferees acknowledged the many complex causes of prematurity but agreed, as did the World Health Organization's Expert Committee in 1950, that good prenatal (medical, nutritional and social) care was an effective measure that should be universally applied. They recognized the higher risks of low income mothers and babies delivered at county hospitals and recommended that a detailed study of public prenatal care be made.

**Report of a Statewide Survey of Quantity, Quality and Eligibility conducted by the State Department of Public Health and the California Conference of Local Health Officers during 1954-56. A more detailed report is available on request from the Bureau of Maternal and Child Health, State Department of Public Health, 2151 Berkeley Way, Berkeley 4, California.**

This is a report of such a study conducted during 1954-56 by the State Department of Public Health and the California Conference of Local Health Officers. The information was obtained through a personal visit by a physician and a medical social worker from the department to each local health department and county hospital providing prenatal care.

### The Problem

One of every eight newborns in California is delivered in a county hospital. The prematurity rate in county hospitals is 50 percent higher than in private hospitals. The neonatal death rate of infants born in county hospitals is 60 percent higher than of infants born in private hospitals and the maternal death rate in county hospitals is 200 percent higher than in private hospitals. The estimated cost to county government for hospital care of premature infants alone is $1,300,000 per year. No attempt was made to estimate the considerable cost to counties of other preventable maternal and newborn complications and deaths.

### Present Services

Every county makes some provision for prenatal medical care for county patients, the larger counties through special prenatal clinics and the smaller counties through care in general clinics or the county physician's office. Such care often falls into the borderland between local health departments and county hospitals. About 5 percent of California's mothers receive this care largely from local health departments and about 5 percent from county hospitals, although there are usually some services from both. The geographic distribution of these clinics is reasonably satisfactory when considered in relation to city, district and private clinics and federal hospitals. There remain some areas of the State, predominantly rural, where problems of distance and transportation have not been solved.

### The Deficit in Quantity

The actual quantity of prenatal care is difficult to estimate since most clinics do not have available such basic information as the number of patients seen each year. Most county hospital staffs estimated that between 10 and 40 percent of the mothers delivered in their hospitals had not received any prenatal care. Although it is recommended that there be 10 to 12 visits per pregnancy, most clinics actually provided between two and five visits.

### The Deficit in Quality

In this survey, as with others, it was difficult to measure the quality of care. In the absence of current federal or state standards for prenatal

care, only a few well-established minimum criteria were examined.

*Personnel.* The time scheduled for physicians in specialized prenatal clinics ranged from three to 45 minutes per visit. In many clinics the physicians were interns and residents with little supervision. Obstetricians and general practitioners in other clinics were often not paid for their services. The nurses' time scheduled per visit ranged from two to 41 minutes with public health nurses participating in clinics in 19 counties. In 15 counties public health nurses from health departments visited each mother at least once during her pregnancy. Nutritionists or dietitians were available for consultation in 18 counties and participated regularly in only five counties. Social workers, whose professional training was not specified, took part in clinics regularly in 17 counties and were available as consultants in nine others.

*Procedures.* Tests for urinary sugar, hemoglobin, and the legally required serology for syphilis were performed at least once on all mothers. Weight, blood pressure and urinary protein were determined on all mothers at each visit. Of the 93 clinics studied, 61 percent did not type blood for ABO factors, 13 percent did not type for Rh factor, 42 percent did not examine urinary sediment, 35 percent did not perform chest X-rays, 30 percent did not measure height, and 8 percent did not measure the pelvis. Many clinics tested for urinary sugar at each visit. Only one clinic each reported routine Rh titers on Rh negative patients, Rh typing of husbands of Rh negative patients, tuberculin testing, cancer detection smears, pelvic X-rays. Written nursing manuals on clinic policies and procedures were available in 15 hospitals and seven health departments. Special nutritional advice was given in 31 hospitals and eight health departments, both verbally and with supporting printed material. In one county, all pregnant women were placed on diets restricting salt and calories. In only 20 counties were there any expectant parents' classes, and many of these were given by the Red Cross.

#### Eligibility

Policies determining eligibility of mothers for prenatal care varied considerably. One of the most significant findings is that 40 percent of the agencies responsible for these policies do not have them in writing. It was so difficult to define the variations in eligibility of legal residents of other counties or states that all that can be said now is that in some places the three years in State, one year in county is strictly observed and that in others more attention is given to the need for care and the likelihood of county hospital delivery.

The factors involved in determining financial eligibility are equally complex but a few were identified. A multifactorial budget standard, largely the Aid to Needy Children budget, was used by 42 percent of agencies. However, 58 percent did not obtain a medical diagnosis prior to eligibility determination so that concurrent disease or complications of pregnancy could not be considered. Most agencies were less likely to accept a mother if she carried any health insurance. She was automatically excluded in 20 if she would not waive the statute of limitations; in 13, if she would not accept a lien on here property; in six, if she sought care too early or too late in pregnancy; in five, if she were pregnant for the first time; in three, if her family income was over a fixed amount; and in one, if she did not provide blood for the hospital bank.

#### Local Studies

The most promising finding of this survey is the widespread local interest in improving the present situation. This is demonstrated most effectively in the number of activities initiated since the 1952 conferences.

In Alameda County the four health departments co-operated in a study of the fate of mothers refused admission to the county hospital's prenatal clinics, and in the Los Angeles County General Hospital a sample of mothers delivered there was interviewed to determine how much prenatal care they actually had received and why certain mothers did not obtain adequate care. Related studies are in progress or completed in Berkeley, Monterey, Richmond, Santa Barbara, Santa Clara and Tulare.

San Bernardino County examined the relationship between prematurity in county hospital patients and prenatal care, distance between residence and clinic, race, marital status and cigarette smoking. In San Diego County the health department and the Maternal and Neonatal Welfare Committee moved a step closer to a better definition of prematurity incorporating length of pregnancy. In San Joaquin County there has been interest in relationships between prematurity and maternal nutrition.

#### Next Steps

Since this is the first overall picture of public prenatal care in California, it is impossible to say how much progress has actually been achieved in the past 10 or 20 years. It is not a black picture but it is certainly not a source of pride to the several groups who share responsibility for it. All of the studies so far completed point to three major unsolved problems:

1. The problem of inadequate quality of care
2. The problem of ineligibility for care
3. The problem of unsought care.

They document the deficit in prenatal care received by mothers from low income families and indicate that much public prenatal care falls short of criteria for good care and that present eligibility policies, many of which are unwritten, vary widely and sometimes unfairly.

The causes and solutions of these problems are not simple. Representatives from the California Conference of Local Health Officers, the California Hospital Association, the California Medical Association, the California Osteopathic Association, the California Academy of General Practice, the California League for Nursing, the medical schools, the School of Public Health, and the State Departments of Education, Mental Hygiene and Social Welfare, meeting in September as the State Advisory Committee on Maternal and Child Health, discussed them in detail.

Chief among the specific recommendations are that:

I. Attention first be given to the problem of inadequate quality of care and that the State Department of Public Health develop in co-operation with the above groups standards and recommendations for good prenatal care, and provide consultant teams to local agencies seeking to improve their services.

II. All eligibility policies be written and be made known to all community agencies and professional personnel who also serve these families, and that consideration be given to the development of statewide basic policies of eligibility for prenatal care and for hospitalization for complications of pregnancy.

III. Local health departments find out, if they do not already know, the extent of the deficit of prenatal care in their communities and the reasons why certain mothers either do not see or do not obtain adequate care, and use the facts to plan appropriate improvement of local prenatal care.

The State Department of Public Health is acting upon these recommendations in co-operation with the above groups, the Association of County Supervisors, the County Welfare Directors' Association and the Governor's Advisory Committee on Children and Youth, and offers its resources to any local agency in the State interested in improving the health and welfare of this large group of mothers and babies.

## Hearing Workshops

Two workshops for persons who do hearing testing in the schools are being sponsored by the Bureau of Special Education, California State Department of Education and are scheduled for San Francisco State College, October 19th and for the Little Lake Elementary School District, Santa Fe Springs, Los Angeles County, October 26th. All public health personnel concerned with the conservation of hearing are cordially invited to attend.

## Health Officers Recommend Influenza Vaccination for Essential Personnel

Influenza vaccination for essential community personnel and persons at special medical risk was recommended by the California Conference of Local Health Officers following a meeting in Berkeley, September 11, 1957.

The conference recommended to its members, in a resolution passed at the meeting, that they ask physicians, biological manufacturers and distributors and the general public to co-operate so that the following groups may have an opportunity to be vaccinated as soon as possible:

Personnel who are essential to the maintenance of community services. These include law and order, fire protection, communication and transportation facilities, service utilities, and the health of the community.

Cardiac patients, the aged, and chronically debilitated, who in the opinion of their physician, are at special risk.

Children, as a group, are not considered to be at a high risk. However, children with rheumatic heart disease, severe asthma, or other chronic conditions should be vaccinated as soon as possible if their physician advises it.

The resolution was based on the anticipated increase in the incidence of influenza during the fall and winter months, and on the short supply of vaccine for the next few months.

As additional supplies become more available the conference recommended vaccination of the general public.

Influenza continues to be reported throughout the State, and while the incidence is above average for this time of the year, the disease is generally mild, with no increase in virulence.

## Influenza in California

In the spring of 1957, a new strain of the Type A influenza virus invaded Hong Kong. The result was the occurrence of clinical influenza in epidemic proportions; and the epidemic spread rapidly throughout the Far East.

By the month of June, it had become apparent to the United States Public Health Service that we were faced with a pandemic of influenza, moving steadily towards the United States; and the Public Health Service made the decision to attempt to halt the epidemic by providing for the immunization of our population with a vaccine prepared from the new strain.

For such a program, the first essential is the production of an adequate amount of vaccine as rapidly as possible; and six pharmaceutical houses have committed themselves to this task. The second essential of such a program is the introduction of this vaccine into the population as it becomes available; and the American Medical Association has pledged its support to a nationwide vaccination program on a voluntary basis. The third essential is to plan for the management of a catastrophic outbreak of influenza should this occur before the vaccination program can be fully consummated; and to this, also, the American Medical Association has pledged its full support.

At this point in time, California is thoroughly seeded with the virus. There have been at least 58 outbreaks in closed population groups; and there have occurred at least two, and possibly more deaths, in which influenza virus has been implicated. Although there have not yet been any identifiable communitywide outbreaks in California, no one can deny the possibility of the sudden explosion of local epidemics. These might involve 30 percent of a given population within a period of two to four weeks.

On the basis of our knowledge of previous influenza vaccines, and from the limited tests which time has permitted on the new monovalent vaccine prepared from the Asian strain, it can be assumed that we are producing a vaccine of significant effectiveness and safety.

The national production schedule for the vaccine envisages the distribution of 12.5 million cc by the middle of September, 60,000,000 cc by January 1, and 85,000,000 cc by February 1.

Because of the current shortage of the vaccine, and the undeniable possibility at any time of an explosive epidemic, the State Department of Public Health recommends that vaccination be accomplished in two phases.

During the period of shortage, the objective of the program should be

to ameliorate the crippling social effects of a sudden, devastating epidemic. To this end, the first supplies of vaccine should be made available to those considered essential to the maintenance of community health, safety, and communication activities. It should be understood by everyone that the decision has been made nationally to do this through voluntary local action. No control over the distribution of vaccine is exercised by either the United States Public Health Service or the State Department of Public Health. The vaccine manufacturers have pledged themselves voluntarily to an equitable geographic pattern of allocation; those who seek vaccine must obtain it through the usual channels of commercial distribution.

The decision to employ a pattern of voluntary allocation rather than one of governmental control places the responsibility for success directly upon the manufacturers, distributors, pharmacists, and the medical profession.

During this period, community agencies, led by the local health officer, and the county medical societies, should plan for the management of an acute epidemic situation.

The second phase of the program will become operative as vaccine becomes more generally available, assuming that no epidemic has occurred up to this time. Then the objective will become the immunization of as many individuals as possible, through procedures locally planned and executed, with particular attention to those at special risk.

As of today, the California State Department of Public Health cannot predict the time at which an epidemic may occur, or, for that matter, whether an epidemic will occur at all. In any event, whether we experience many cases or a few cases, the disease has been mild, with few complications, and a very low mortality; about the same kind of flu, in its effect on the individual, that we have had with us for the past two decades.

FREDERIC M. KRIETE, M.D.
Deputy Director, California
State Department of
Public Health

**SPECIAL CENSUS RELEASES ***

Special Census of California cities, Series P-28 — *Alameda County:* Fremont (1019); *Colusa County:* Colusa (1022), Williams (1022); *Kern County:* Delano (1020); *Monterey County:* Carmel by the Sea (1022); *Orange County:* Newport Beach (1017), Stanton (1022), Tustin (1022); *Placer County:* Rocklin (1022); *Riverside County:* Elsinore (1022); *Sacramento County:* North Sacramento (1022); *San Diego County:* San Diego (1014); *Santa Clara County:* Mountain View (1018); *San Mateo County:* Burlingame (1021).

Copies of these releases may be obtained from: Library, Bureau of Foreign and Domestic Commerce, United States Department of Commerce at 419 Customs Building, 555 Battery Street, San Francisco, or at Room 450, 1031 South Broadway, Los Angeles.

* In ordering, specify series and number as shown in parentheses. These numbers are *not* population figures.

## Dr. Lennette Appointed Chairman NIH Board

Dr. Edwin H. Lennette, Chief of the Viral and Rickettsial Laboratory of the California State Department of Public Health, has been named chairman of the newly formed Board of Scientific Counselors of the National Institute of Allergy and Infectious Diseases for the term July 1, 1957, through June 30, 1961.

Members of the board were selected from the leaders in fundamental and medical sciences related to the research activities of the National Institute of Allergy and Infectious Diseases, and will be consulted by the director of the institute for advice on intramural programs in matters of general policy, particularly from a long-range viewpoint.

Plans for establishing advisory groups on intramural programs have been accelerated by the recommendation of the Special Committee on Medical Research that such groups be established.

## NAAAP Meeting

Public programs established to prevent and combat alcoholism will be reviewed at the eighth annual meeting of the North American Association of Alcoholism Programs in Berkeley October 28-31. Host agency at the sessions in the Hotel Claremont will be the California State Department of Public Health.

Sociological factors in alcoholism, treatment services for alcoholics, evaluation of alcoholism program results, and community organization and alcoholism will be the subjects under discussion during the five general sessions.

Highlight of the meeting will be a banquet address by Dr. E. M. Jellinek, international authority on the biometrics of alcoholism.

Persons working in the fields of alcoholic study, treatment or education, who wish to attend the open sessions, are requested to remit the $10 registration fee by October 15th to:

HAROLD B. JAMISON, program director
NAAAP Annual Meeting
Division of Alcoholic Rehabilitation
State Department of Public Health
2151 Berkeley Way
Berkeley 4, Calif.

## Health Officer Changes

***Amador County***

L. B. Gallagher, M.D. has been appointed health officer of Amador County. He succeeds Judson Dowell, M.D. The appointment was effective July 31, 1957.

***Sutter-Yuba Counties***

Rae C. Lindsay, M.D. was named, August 19, 1957, to succeed Edith Young, M.D. as health officer of the Sutter-Yuba bicounty Health Department.

***Modoc County***

Lloyd W. Shannon, M.D. was appointed, effective September 1, 1957, health officer of Modoc County. He succeeds J. Clinton Gilbert, M.D. The address of the Modoc County Health Department has been changed to Courthouse, Alturas.

***City of Bradbury***

Health services for the newly incorporated City of Bradbury will be provided by the Los Angeles County Health Department, Roy Gilbert, Health Officer.

***City of Woodside***

The newly incorporated City of Woodside will be provided health services by the San Mateo County Health Department, Harold D. Chope, M.D., Health Officer.

# HIGH DEPARTMENT PRIORITY GIVEN DISEASE RESEARCH

From its beginning Public Health has included research into the causation of disease and the means of dealing with it as an essential element of public health practices. Thus health departments made significant contributions to the development of diphtheria antitoxin, the epidemiology of typhoid fever, dental caries control through fluoridation of water supply, minifilm chest photofluorography as a means of detecting tuberculosis and many other major health advances. The California State Department of Public Health for many years has been in the forefront of such activities, particularly with its investigations of malaria, plague, botulism in canned food, encephalitis and other virus diseases, lung cancer and morbidity measurement.

Current reappraisal of the health situation indicates that chronic diseases such as cancer and heart disease, health of the aging, unusual viruses, alcoholism, health effects of air pollution, fetal wastage, new occupational hazards have come into prominence as major problems. Accordingly, investigation of means for controlling these problems assumes a high priority in public health.

We have come full circle: from research to application to control (of epidemic disease), and back to research on the new health problems.

Recent research findings of interest from some of the units of the State Department of Public Health include:

### Virus Laboratory

With the success of poliomyelitis vaccine, the problem of so-called nonparalytic poliomyelitis becomes more prominent. Studies of the Virus Laboratory indicate that much of this so-called nonparalytic poliomyelitis is due to viruses other than poliomyelitis. The studies also show that central nervous system infections in people who had received poliomyelitis vaccine are generally due to one of these other viruses.

As we achieve control of some of the well-defined specific infections (whooping cough, diphtheria and others), attention in communicable disease control is now turning to some of the widespread "minor" respiratory diseases. The Virus Laboratory has developed a simplified test for the identification of the adenoviruses which are a newly recognized group of viruses causing such respiratory disease in man.

During the investigation of an outbreak of "devils grippe" in Northern California in 1955, the Virus Laboratory discovered a type of Coxsackie virus which had not previously been implicated in outbreaks of this disease in other parts of the world.

### Bureau of Chronic Diseases

Epidemiologic studies of lung cancer have revealed that the disease occurs almost three times as frequently among California women who were born in Mexico than among other women in California. In fact, the lung cancer rate among women of Mexican birth is about equal to that among men of Mexican birth. For the rest of the California population, the lung cancer rate is several times as great among men as it is among women. The finding of excess lung cancer among women of Mexican birth now leads to investigation as to why this occurs: Smoking? Food cooking habits? Other aspects of living?

Preliminary investigation of coronary heart disease in the California Health Survey population indicates no significant differences between persons who have the disease and persons who do not have the disease in respect to overweight, or intake of fat. However, persons with coronary heart disease did report a higher frequence of cigarette smoking, particularly, heavy cigarette smoking; and they also reported a somewhat more "nervous temperament" than did persons who do not have coronary heart disease.

A survey of the impact of air pollution in California has revealed that more than 1 in 10 adults now living in an air-polluted community have been giving some thought to moving from the area. A somewhat smaller proportion have thought about changing their jobs. These proportions represent 6 percent of all households and 3 percent of all employed adults in the State's population.

Research into the outcome of treatment of alcoholism in a state mental hospital, a local public health clinic, and a county prison farm indicates that persons suffering from alcoholism carry a substantial burden of other disease, including more tuberculosis, more disability and higher mortality rates than the rest of the population. The study also shows that alcoholics are highly mobile in the community, one of the most striking characteristics being the lack of a stable residence. Followup 12 to 18 months after treatment located only about one-half of the persons who had been treated. Of those located and interviewed, two-fifths gave evidence of having resumed a reasonably adequate social role as measured by employment, family relationships, drinking patterns and state of health at the time of interview. This preliminary investigation substantiates the need for well-controlled therapeutic evaluation if the present efforts for rehabilitation of alcoholics are to be effective and lasting.

### Bureau of Vector Control

Studies by the Bureau of Vector Control have shown increasing resistance by mosquitoes to DDT and other insecticides now in use. For example, larval forms of *Culex tarsalis*, the principal carrier of encephalitis in California, were 20 to 30 times more resistant to malathion in Fresno County, where it has been used intensively, than in untreated areas. Adult mosquitoes of this species were as much as 100 times as resistant in malathion-treated areas as in areas not under control. Findings of this sort are leading vector control personnel to the development of new agents for the destruction of mosquitoes and new methods of dealing with resistant mosquitoes.—Lester Breslow, M.D.

## Smallpox Vaccination Leaflet Now Available

"And Now Your Child Has a SMALLPOX VACCINATION" has been published by the California State Department of Public Health and is available for distribution through local health departments in the State.

The leaflet was developed, at the request of local health departments, to help mothers give better postvaccination care to children. The leaflet explains what to expect after the vaccination and outlines how to care for the vaccination "take." It is illustrated with cuts of typical vaccination reactions.

## Reported Cases of Selected Notifiable Diseases California, Month of August, 1957

| *Diseases* | *Cases reported this month* | | | *Cumulative cases from January 1* | | |
|---|---|---|---|---|---|---|
| | *1957* | *1956* | *1955* | *1957* | *1956* | *1955* |
| Amebiasis | 152 | 91 | 72 | 1,315 | 637 | 464 |
| Anthrax | -- | -- | -- | -- | -- | -- |
| Botulism | 2 | 1 | -- | 2 | 4 | 1 |
| Brucellosis | 5 | 3 | 9 | 39 | 20 | 42 |
| Chancroid | 2 | 10 | 10 | 40 | 58 | 101 |
| Cholera | -- | -- | -- | -- | -- | -- |
| Coccidioidomycosis[1] | 11 | 15 | 16 | 134 | 111 | 79 |
| Conjunctivitis, acute infections of the newborn | -- | 2 | -- | 3 | 7 | 8 |
| Dengue | -- | -- | -- | -- | -- | -- |
| Diarrhea of the newborn | 1 | 1 | 1 | 19 | 6 | 10 |
| Diphtheria | 3 | 1 | -- | 7 | 25 | 16 |
| Encephalitis, acute[2] | 70 | 58 | 45 | 381 | 393 | 284 |
| Epilepsy | 186 | 407 | 272 | 2,240 | 2,431 | 1,848 |
| Food poisoning | 103 | 269 | 181 | 785 | 978 | 940 |
| Gonococcal infections | 1,289 | 1,669 | 1,398 | 10,795 | 10,124 | 10,033 |
| Granuloma inguinale | 1 | -- | -- | 5 | 1 | 2 |
| Hepatitis, infectious | 147 | 176 | 135 | 1,357 | 1,301 | 1,288 |
| Hepatitis, serum | 8 | 11 | 7 | 68 | 63 | 38 |
| Leprosy | 2 | 1 | 2 | 13 | 6 | 12 |
| Leptospirosis | 1 | -- | -- | 1 | 3 | 2 |
| Lymphogranuloma venereum | -- | 2 | 3 | 14 | 21 | 22 |
| Malaria | 7 | 4 | 2 | 24 | 27 | 21 |
| Measles | 450 | 856 | 982 | 51,880 | 29,506 | 65,300 |
| Meningococcal infections | 9 | 20 | 13 | 119 | 187 | 190 |
| Mumps | 570 | 832 | 1,406 | 16,043 | 29,652 | 27,167 |
| Pertussis (whooping cough) | 433 | 164 | 424 | 1,724 | 1,509 | 4,062 |
| Plague | -- | -- | -- | -- | 1 | -- |
| Poliomyelitis | | | | | | |
| Total | 122 | 391 | 310 | 511 | 1,328 | 1,051 |
| Paralytic | 32 | 228 | 150 | 168 | 876 | 541 |
| Nonparalytic | 90 | 163 | 160 | 343 | 452 | 510 |
| Psittacosis | 1 | 3 | 3 | 23 | 25 | 25 |
| Q fever[2] | 5 | 9 | 3 | 35 | 49 | 8 |
| Rabies, animal | 18 | 20 | 48 | 120 | 237 | 222 |
| Rabies, human | -- | -- | -- | 1 | -- | -- |
| Relapsing fever | 2 | -- | -- | 2 | -- | 1 |
| Rheumatic fever | 2 | 4 | 19 | 92 | 94 | 147 |
| Rocky Mountain spotted fever | -- | -- | -- | -- | 1 | 2 |
| Salmonellosis | 132 | 91 | 100 | 1,003 | 808 | 670 |
| Shingellosis | 169 | 214 | 158 | 1,061 | 1,132 | 774 |
| Smallpox | -- | -- | -- | -- | -- | -- |
| Streptococcal infections (including scarlet fever) | 212 | 237 | 198 | 6,142 | 3,922 | 6,009 |
| Syphilis | 467[a] | 654 | 824 | 4,094[b] | 4,198 | 4,750 |
| Tetanus | 1 | 4 | 3 | 17 | 22 | 23 |
| Trachoma | 1 | 1 | -- | 81 | 4 | 2 |
| Trichinosis | 1 | -- | 2 | 7 | 8 | 4 |
| Tuberculosis | 506 | 534 | 607 | 4,534 | 4,904 | 4,905 |
| Tularemia | -- | 1 | -- | 1 | 4 | 2 |
| Typhoid fever | 3 | 13 | 11 | 37 | 67 | 63 |
| Typhus fever, endemic | -- | -- | -- | 3 | 2 | 1 |
| Typhus fever, epidemic | -- | -- | 1 | -- | -- | 2 |
| Yellow fever | -- | -- | -- | -- | -- | -- |

[1] Since July 1, 1955, active primary (including cavitary) and disseminated coccidioidomycosis reportable.
[2] Encephalitis, acute includes arthropod-borne infections, post infectious cases, and those with etiology undetermined.
[3] NR—Not reportable prior to July 1, 1955.
[a] Excludes 2,031 cases found positive by special serologic survey (Mexican National Farm Workers at Border Reception Center, El Centro).
[b] Excludes 6,497 cases found positive by special serologic survey (Mexican National Farm Workers at Border Reception Center, El Centro).

## Dr. Philp Named Division Chief

Three years of pilot study and treatment of alcoholism in California gained more permanent stature September 11th, when the new Division of Alcoholic Rehabilitation in the California State Department of Public Health replaced the Alcoholic Rehabilitation Commission.

Dr. Malcolm H. Merrill has appointed Dr. John R. Philp, chief of the new division. Dr. Philp has borne the interim responsibility of effecting the integration of the commission program into the department; he was assistant chief, Division of Local Health Service. Prior to joining the department in 1952, he was director, Butte County Health Department and previous to that health officer for Merced County.

Dr. Philp is a graduate of University of California, School of Medicine, class of 1943 and obtained his master's degree in Public Health from Harvard University in 1947.

Contracts are in force between the commission and the following agencies:

Pilot community clinics—Cities of San Diego, Los Angeles; Counties of Alameda, Santa Clara, San Joaquin, and Sacramento.

Clinical research — University of California at Los Angeles.

Basic research—University of California, Berkeley; University of California at Los Angeles; University of California, Davis; Langley Porter Neuropsychiatric Institute, State Department of Mental Hygiene.

Optimum treatment program — Adult Guidance Center, City and County of San Francisco.

Causation survey and evaluation study — Alcoholism Studies Project, State Department of Public Health.

Pilot hospitalization demonstration —Mt. Zion Hospital, San Francisco; The California Hospital, Los Angeles.

As provided by law, members of the Alcoholic Rehabilitation Commission staff transferring to this department are: Harold B. Jamison, senior social research technician; Bern M. Jacobson, associate social research technician; Vincent E. Vandre, information officer; and Robert C. James, administrative assistant.

## Paralytic Poliomyelitis Low, Incidence Off in 1957

Paralytic poliomyelitis is still a problem in California—for the nonvaccinated and especially for children under five who have not yet received poliomyelitis vaccinations. Most of the cases of paralytic poliomyelitis this year have occurred among the nonvaccinated and over a third of these have been among children under five.

At the same time it is heartening to note that the reported incidence of paralytic poliomyelitis in California this summer continues to remain far below any previous year since the present system of reporting cases according to paralytic status was begun in 1948. Only 116 paralytic cases have been reported for the current disease year, April 1st through September 7th. The previous low for this period was 477 paralytic cases in 1955. The five-year median for 1950-54, prior to the use of poliomyelitis vaccine, was 795 paralytic cases.

Ninety of the 116 paralytic cases reported this year had not received poliomyelitis vaccine. Only six of the paralytic cases had received three inoculations of vaccine. None of this latter group have yet been confirmed by laboratory tests as actually having poliomyelitis.

Over a third of the nonvaccinated paralytic cases have been in children under five, particularly one and two-year olds indicating that many of these highly susceptible, very young children have not received any vaccine. The second highest incidence of nonvaccinated cases is among young adults 20-35 years of age

The total reported incidence of poliomyelitis, including the nonparalytic cases, is at the lowest level since 1947. As of September 7th, 429 cases had been reported compared with 1,038 at this time last year and median of 1,303 cases for the five years prior to use of poliomyelitis vaccine.

Laboratory studies now in progress indicate that a significant proportion of the milder nonparalytic illnesses reported as poliomyelitis are actually due to other viruses of the Coxsackie and ECHO groups.

## Cleveland Site of 85th APHA Annual Meeting, November 11-15

Research will be the primary concern of over 5,000 public health workers from the Western Hemisphere who will convene in Cleveland's Public Auditorium, November 11-15, 1957, for the 85th annual American Public Health Association convention.

Of about 400 scientific papers to be presented in 75 sessions, more than half will be reports on research accomplishments or opportunities

As the first step in a three-year expansion and reorganization program, recommended by the task force committee last year, the technical development program will be initiated at this year's meeting. Eight technical committees will be holding meetings in the fields of: radiological health, accident prevention, mental health, chronic disease and rehabilitation, child health, environmental health, medical care administration and public health administration. Dr. Lester Breslow, Chief, Bureau of Chronic Diseases, California State Department of Public Health, is chairman of the technical committee for Chronic Disease and Rehabilitation.

Tuesday evening the Sedgwick Memorial Medal will be presented. Lasker Awards of the American Public Health Association for 1957 will be presented Thursday evening.

Dr. John W. Knutson, assistant surgeon general and chief dental officer of the U. S. Public Health Service, is president of the association.

## Chocolate Eclairs Implicated

Chocolate eclairs were responsible for a series of food poisonings in which the attack rate was apparently 100 percent. Five families were involved, and in each incident all persons eating the eclairs became ill. Onset of symptoms, consisting of cramps, headache, vomiting, diarrhea and sore mouth and throat, was from 5½ to 46 hours.

The eclairs which were sold to the families from a "mobile grocery"—a one-half-ton pickup truck—were unrefrigerated for two to five hours.

Preliminary laboratory investigation indicates that paracolon organisms were the probable etiologic agent.

## Phosdrin Poisoning Among Farm Laborers Reported

Phosdrin, a newly developed, highly toxic, organic phospate pesticide, has been incriminated in about 20 cases of chemical poisoning among farm laborers dusting strawberries in Santa Cruz and Monterey Counties. Although Phosdrin is no more toxic than many of the pesticides currently in use it is extremely dangerous because of its higher vapor pressure, emitting some vapor during field use. Most of the respirators commonly used for other organic phosphates do not protect against Phosdrin. Due to its higher volatility, there may be a more rapid absorbtion through the skin.

Further investigation by the California State Department of Public Health revealed that there had been previous instances of Phosdrin poisoning in the State. The first recorded cases occurred among employees of a chemical company in Fresno County in November 1956. In May 1957, two employees of a chemical company in Imperial County were hospitalized after mixing and loading Phosdrin. A crop dusting pilot and swamper in Kern County became ill with symptoms of organic phosphate poisoning in July 1957.

In August, immediately preceding the outbreak in Santa Cruz and Monterey Counties, eight formulators of a chemical packaging company in Santa Clara County were found to have experienced a marked drop in plasma and red cell cholinesterase activity after exposure to Phosdrin. The company performed routine cholinesterase testing and this practice probably prevented eight cases of poisoning.

Typical early symptoms of organic phosphate (Phosdrin included) poisoning are: headache, fatigue, excessive perspiration, visual disturbance, nausea and vomiting, and tightness of the chest. In Phosdrin cases onset of symptoms is sudden, within one hour of the last exposure. Depending on the extent of exposure, serious symptoms including respiratory difficulties, tremors, convulsions, coma and death may result if the person does not receive medical treatment promptly.

Phosdrin is classified as an injurious material requiring a permit from

the county agricultural commissioner for use. It is not packaged or sold for home use.

Respirators which will give adequate protection against dusts, mists, and low vapor concentrations of Phosdrin encountered during field use are available. Full face gas masks equipped with tested cannisters should be worn by persons formulating or mixing Phosdrin in closed or inadequately ventilated spaces or applying it as aerosols in greenhouses.

## Public Health Positions

**Long Beach City**

*Public Health Analyst*: Salary range, $417 to $510. Applicants must be graduates of a recognized college or university with a major in public health, statistics or the social sciences and successfully completed courses in statistics. Write to I. D. Litwack, M. D., Health Officer, 2655 Pine Ave., Long Beach 6.

**San Bernardino County**

*Supervising Public Health Nurse:* Salary range, $438 to $532. Must have California certificate and two years public health nursing experience.

*Public Health Nurse:* Salary range, $397 to $483. Must have California certificate. Desert area, $438 to $483.

*Public Health Analyst:* Salary range, $438 to $532. College graduation with at least 12 units in statistics and two years' experience including one year in public health.

*Sanitarian:* Salary range, $397 to $483. California registration and driver's license required.

For further details, write San Bernardino County Civil Service, 236 Third St., San Bernardino.

**San Diego County**

*Physical Therapist:* Salary range, $397 to $483. Immediate position for a physical therapist experienced in working with physically handicapped children in school. For details write County Civil Service, Rm. 403, Civic Center, San Diego 1.

*Supervising Public Health Nurse:* Salary range, $438 to $532. Requires registered nurse license, public health nursing certificate, and school health and development credential plus two years experience. For details write Chief, Public Health Nursing, San Diego County Health Department, 3330 Congress St., San Diego.

## Dyes Used for Rapid Identification of Bacteria

A method using species-specific, fluorescent-tagged antibodies and an ultraviolet light, permitting identification of pathogenic micro-organisms quickly—sometimes in minutes, was reported at the fifty-seventh meeting of the Society of American Bacteriologists. The technique was developed several years ago by Dr. Albert Coons, of Harvard, but it was not immediately put to use.

Two dye colors have been developed and a third is expected to be ready soon. With the three dyes it will be possible to treat a single slide with three antibodies at once, so that any one bacterium can be identified at first glance—or all three, if all three happen to be present.

The species-specific antibodies, labeled with dyes that fluoresce under ultraviolet light, will adhere to their specific pathogen and will glow when inspected under an ultraviolet microscope, thus speeding identification. The technique is reported to be specific as well as rapid.

Although the procedure has great potentiality for health departments and hospitals, it is still in the research stage and is not available in California as a generalized diagnostic service.

## Child Health Supervision Not in Tune With Times

Child health supervision, a major public and private health service in California, is not sufficiently in tune with the times, according to experts at a statewide conference on the subject at Asilomar.

The conference, cosponsored by this department and the Academy of Pediatrics, recommended greater attention to the first few weeks after birth and to the preschool years, fewer routine visits during infancy, more emphasis upon group education, and better use of the skills of physician, nurse, soci worker and others, including parent

Reporting on findings of the Cal fornia State Department of Publi Health's recent household survey health, Dr. Malcolm H. Merrill, Dire tor, pointed out that, despite the gre progress made in child health servic during the past generation, 20 perce of California's infants and 30 perce of the preschool children receive ne ligible health supervision. The surv also showed that 40 percent of infan have not received a single immuniz tion by age one year, and that 40 pe cent of California's children ent school without a smallpox vaccinatio

The department is intensifying i assistance to local health departmen during the next two years to impro this record by putting into effe major conference recommendations.



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